CLAIMS ONLY

Application Number	Filing Date
10/754550	

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3		1				
4						
5		1				
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21						
22		1				
23						
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25						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	19					
Total Claims	21					

May be used for additional claims or amendments

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						